## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10,710,303

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
T	OTAL CLAIMS	3	18					RATE	FEE	7	RATE	FEE
F	OR .		NUMBER FILED		NUMBER EXTRA			BASIC FEI	<del>1</del>	OR	BASIC FEE	<del>                                     </del>
TO	OTAL CHARGE	ABLE CLAIMS	19 minus 20=		· 0			X\$ 9=		1	X\$18=	
INI	DEPENDENT C	CLAIMS	// minus 3 =		• /				de	OR		
М	JLTIPLE DEPE	NDENT CLAIM P	<del>- 7</del>					X43=	43	OR	X86=	
_			lass Abas a		*O" :			+145=		OR	+290=	
- 11		•		ess than zero, enter "0" in column 2				TOTAL	928	OR	TOTAL	,
		(Column 1)	MENDE	(Column 2) (Colum			ı	SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	·	Minus	***		=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	·
								TOTAL		1,_'	TOTAL	
(Column 1) (Column 2) (Column 3)								DDIT. FEE	<u> </u>	Jon /	ADDIT. FEE	
AMENDMENT B	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	-	=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	-	X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										<b>→290=</b>	
								+145=		OR	+290=	
								DDIT FEE		OR A	DDIT. FEE	
	`	(Column 1) CLAIMS		(Columi		(Column 3)	Ė		4001	r		
<b>5</b> L		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent		Minus	***		=	F	X43=		OR	X86=	<del>,</del>
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ** ADDIT. FEE										OR L	TOTAL	· ·
***	f the "Highest Nur	mber Previously Paid ber Previously Paid	id For IN THIS	SPACE is I	ess than	3, enter "3."		. –		· A	DDIT. FEE <b>L</b> mn 1.	